

USDC/ATTY-010 (Rev. 1/12) Request for Transcript from an Electronic Recording or for Purchasing a Copy of an Audio Tape or CD

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
AT CHARLESTON

IN RE: AMERICAN MEDICAL SYSTEMS, INC.
PELVIC REPAIR SYSTEMS PRODUCTS LIABILITY

V.

CASE NUMBER 2:12-md-02325 (MDL No. 2325)

DANIEL CHRISTENSEN, MEDSTAR FUNDING, LC

Subpoenaed Parties.

REQUEST FOR TRANSCRIPT FROM AN ELECTRONIC RECORDING
OR FOR PURCHASING A COPY OF AN AUDIO TAPE OR CD

Requestor's name: Alexander Macia, Spilman Thomas & Battle, PLLC

Address: 300 Kanawha Boulevard East

Telephone: 304-340-3835

Fax: 304-720-3400

E-mail address: amacia@spilmanlaw.com

Judicial officer presiding: Cheryl Eifert

Proceeding date(s): 10/10/2013

Proceeding location(s): Huntington

Proceeding type(s)¹: Motion Hearing

Attorney present at hearing (*list all attorneys*):

Witness called at proceeding (*list all witnesses*):

Alexander Macia
James Crockett, Jr.

Court reporter name/Tape number/Courtflow: _____

¹ Proceeding types include: Motion Hearing, Voir Dire, Jury Selection, Jury Trial, Day 1, 2, etc., Bench Trial, Day 1, 2, etc., Jury Verdict, Sentencing, Bond Hearing, Detention Hearing, Etc.

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Indicate type of transcript requested:

- | | |
|--|--|
| <input type="checkbox"/> Ordinary transcript (due 30 days from date assigned to court reporter) | <input type="checkbox"/> Daily (due by 5:00 PM the day following assignment to court reporter) |
| <input checked="" type="checkbox"/> 14-Day transcript (due 14 days from date assigned to court reporter) | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> Expedited (due 7 days from date assigned to court reporter) | <input type="checkbox"/> Copy of an audio tape or CD of an electronically recorded proceeding |

Additional instructions *(Provide additional information which will aid in the preparation of the transcript):*

I acknowledge that I am responsible for payment to the court reporter for the cost of a transcript of the proceedings described herein or that I am responsible to the Clerk of Court for payment of the cost for recording of the proceedings described herein. Further, I understand that this request will not be processed until appropriate financial arrangements are made.

By: _____


Requestor's Signature or e-Signature
Date: 10/11/2013

- | | |
|---|---|
| <input checked="" type="checkbox"/> Attorney (Civil or Criminal) | <input type="checkbox"/> Assistant United States Attorney |
| <input type="checkbox"/> CJA Attorney (completed CJA-24 attached) | <input type="checkbox"/> Pro Se Litigant |
| <input type="checkbox"/> Federal Public Defender | |

FOR OFFICIAL COURT USE ONLY:

Court reporter assigned: _____

Date assigned: _____

Delivery method:

- | |
|--|
| <input type="checkbox"/> Hold for pickup |
| <input type="checkbox"/> Mail to above address |
| <input type="checkbox"/> Mail to: _____ |
| <input type="checkbox"/> Ship overnight: |

via _____ Account no.: _____ Priority: _____